



# The City of Lewisburg, TN

## Application for Employment

The City of Lewisburg is an equal opportunity employer and considers applicants without regard to race, creed, religion, gender, national origin, age, disability, or any other legally protected status.

### PLEASE PRINT LEGIBLY

Position Applied For: \_\_\_\_\_ Salary/Wage Requirements: \_\_\_\_\_

#### GENERAL INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you at least 18 years of age? ☐ Yes ☐ No

Are you related by blood, adoption or marriage to a current employee of the City? ☐ Yes ☐ No

If yes, please give name and relationship: \_\_\_\_\_

If employed, will you be able to produce evidence that you are eligible for employment in the United States?

☐ Yes ☐ No

*Proof of employment eligibility will be required upon employment.*

Have you ever been convicted of any felonies other than minor traffic violations? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

*A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.*

Have you ever been employed by the City of Lewisburg? ☐ Yes ☐ No

If yes, what position was held? \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

Are you able to work overtime, if required? ☐ Yes ☐ No First available date for work: \_\_\_\_\_

Employment Desired: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Other \_\_\_\_\_

Are you able to perform the essential functions of the job for which you applied, with or without reasonable accommodation, based on the job description provided? ☐ Yes ☐ No

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**EDUCATION & TRAINING:**

High School Attended:\_\_\_\_\_City:\_\_\_\_\_State:\_\_\_\_\_

Do you have a high school diploma or GED? ☐ Yes ☐ No *A high school diploma/GED may not be required for all positions. Not possessing a diploma/GED may disqualify an applicant from some positions based on job necessity.*

College / University / Trade or Technical School	City and State	Major Area of Study	Degree Earned	Graduated Yes or No

**KNOWLEDGE, SKILLS, & ABILITIES**

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

List all professional certifications you currently hold:

Do you have a valid driver's license? ☐ Yes ☐ No Type:\_\_\_\_\_

Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No

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**EMPLOYMENT HISTORY:**

List your last four employers, starting with the most recent including military experience. Account for all military service and any periods of unemployment. If self-employed, give name of business.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact employer? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact employer? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact employer? ☐ Yes ☐ No

\*\*if additional space is needed, please continue on a separate sheet of paper\*\*

**REFERENCES:**

List three professional references not related to you. If not applicable, list three school or personal references not related to you.

Name	Telephone Number	Years Known

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## POLICE OFFICER APPLICATION SUPPLEMENT

**\*\*ONLY complete this section if you are applying for the position of Police Officer\*\***

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Are you at least twenty-one (21) years of age? ☐ Yes ☐ No

Are you currently P.O.S.T Certified in the State of Tennessee? ☐ Yes ☐ No

If 'Yes', please provide your certification #: \_\_\_\_\_

If 'No', have you ever been P.O.S.T. Certified in the State of Tennessee? ☐ Yes ☐ No

Please explain:

Are you currently a Certified Police Officer in **another state**? ☐ Yes ☐ No

If 'Yes', please provide your certification # and state of certification: \_\_\_\_\_

Have you been convicted of any felony or of a misdemeanor involving force, violence, theft, dishonesty, gambling, liquor or other alcoholic beverages or controlled substances? ☐ Yes ☐ No

Have you been convicted of any crime? ☐ Yes ☐ No

*If 'Yes' please list the crime(s) and date(s) of conviction(s):*

If certified, are you currently the subject of an internal investigation ☐ Yes ☐ No

*If 'Yes' please explain to the extent legally allowed:*

Have you been the subject of any past internal investigations that were determined to be "founded"?

☐ Yes ☐ No

*If 'Yes' please explain to the extent legally allowed:*

Have you ever been discharged from any branch of the armed forces of the United States of America (including active duty, guard, or reserve)? ☐ Yes ☐ No

Have you been discharged from the military under anything other than an honorable discharge?

☐ Yes ☐ No

If so, what is the nature of your discharge? \_\_\_\_\_

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## POLICE OFFICER APPLICATION SUPPLEMENT

**\*\*ONLY complete this section if you are applying for the position of Police Officer\*\***

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## FIREFIGHTER APPLICATION SUPPLEMENT

**\*\*ONLY complete this section if you are applying for the position of Firefighter\*\***

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Are you at least eighteen (18) years of age? ☐ Yes ☐ No

Candidates may file applications two (2) months prior to their eighteenth (18<sup>th</sup>) birthday; however, they may not be hired until they are at least eighteen (18) years of age.

Are you currently employed by a Firefighter agency in the State of Tennessee? ☐ Yes ☐ No

If 'Yes', please provide your certification #: \_\_\_\_\_

Are you currently a Certified Firefighter in **another state**? ☐ Yes ☐ No

If 'Yes', please provide your certification # and state of certification: \_\_\_\_\_

Have you been convicted of any felony or of a misdemeanor involving violence, theft, dishonesty, gambling, liquor or other alcoholic beverages or controlled substances? ☐ Yes ☐ No

Have you been convicted of any crime? ☐ Yes ☐ No

*If 'Yes' please list the crime(s) and date(s) of conviction(s):*

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Have you ever been discharged from any branch of the armed forces of the United States of America (including active duty, guard, or reserve)? ☐ Yes ☐ No

Have you been discharged from the military under anything other than an honorable discharge?  
☐ Yes ☐ No

If so, what is the nature of your discharge? \_\_\_\_\_

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**You must meet NFPA Standard 1582 Medical Requirements for Firefighters.**

**You must complete and receive certification from the Fire Training Academy within 6 months from DOH.**

**You must or must have received the State of Tennessee Emergency Medical Response Certification within 12 months from DOH. Failure to complete and received EMR Certification within the term of the training or to maintain certification on a continuous basis will result in termination of employment.**

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## FIREFIGHTER APPLICATION SUPPLEMENT

**\*\*ONLY complete this section if you are applying for the position of Firefighter\*\***

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## AUTHORIZATION / ACKNOWLEDGEMENT

By my signature below, I certify that all of the information and statements provided by me in and with this application are true and correct.

It is understood and agreed upon that any misrepresentation or omission by me in this application will be sufficient cause for cancellation of this application and/or separation from the City of Lewisburg if I have been employed.

I give the City of Lewisburg the right to investigate all references and to secure additional information about me, including criminal history, if job-related and consistent with business necessity.

I consent to the release of information to the City of Lewisburg about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, as applicable.

I hereby release from liability the City of Lewisburg and its representatives for seeking such information and all other persons, corporations, or organizations for providing such information. Per Tenn. Code Ann. § 50-1-105: any employer that, upon request by a prospective employer or a current or former employee, provides truthful, fair and unbiased information about a current or former employee's job performance is presumed to be acting in good faith and is granted a qualified immunity for the disclosure and the consequences of the disclosure.

I understand that, if based upon job-related necessity, a consumer credit investigation is required for employment, I will be provided a separate notice and authorization under the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681.

I understand that if offered a position with the City of Lewisburg, I will be required to pass a pre-employment drug screen and for safety-sensitive positions a job-related pre-employment physical as well.

Should I be offered employment, I understand that:

- 1) The offer may be contingent upon the results of a post-offer background check and post-offer drug screen (dependent upon the safety-sensitive nature of the position).
- 2) To be an employee of the City of Lewisburg proof of legal authorization to work in the United States is required. If hired, I must provide the necessary authorization documents within three (3) business days of hire.
- 3) Employment with the City of Lewisburg is 'At-Will' meaning that I may resign at any time, or may be discharged at any time, with or without cause.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Personnel Office Use Only	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks: _____	
Interviewer: _____	Date of Interview: _____
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No      Hire Date: _____      Job Title: _____	
Rate of Pay: _____	Department: _____
Dept. Director Approval: _____/Date: _____	
City Manager Approval: _____/Date: _____	

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